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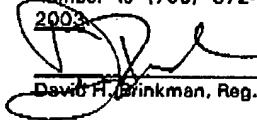
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PATENT

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I hereby certify that this correspondence is being deposited via facsimile to The Honorable Commissioner in the United States Patent and Trademark Office, Attention: Stephen A. Vu whose telephone number is (703) 308-1378 and fax number is (703) 872-9306 on December 23, 2003.

 12/23/03
David H. Brinkman, Reg. No. 40,532 Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Charles Brockway et al.
Serial No.: 09/976,006
Filed: October 12, 2001
Group Art Unit: 3636
Confirmation No.: 9617
Examiner: Vu, Stephen A.
Title: EXAMINATION AND TREATMENT CHAIR
Atty Docket: MIDTF-306P2

Cincinnati, Ohio 45202

December 23, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed on September 23, 2003,
please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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**PATENT, TRADEMARK, COPYRIGHT
AND UNFAIR COMPETITION LAW
AND RELATED LITIGATION**

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EDWARD B. EVANS 1936-1971

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TECHNICAL ADVISORS
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**TO: The Honorable Commissioner
Attention: Stephen A. Vu
Art Unit 3636**

FROM: David H. Brinkman

Fax No.: (703) 872-9306

Phone: (513) 241-2324

Date: December 23, 2003

Fax: (513) 421-7269

Pages (including cover page): 14

**Re: U.S. Serial No. 09/976,006 EXAMINATION AND TREATMENT CHAIR
Attorney Docket No. MIDTF-306P2**

ATTACHMENTS/COMMENTS: OFFICIAL

Please deliver to Stephen A. Vu
Amendment Transmittal (3 pages)
Amendment (10 pages)

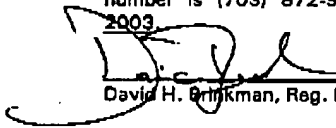
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David H. Brinkman, Reg. No. 40,53212/23/03
Date**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Charles Brockway et al.
Serial No.: 09/976,006
Filed: October 12, 2001
Group Art Unit: 3636
Confirmation No.: 9617
Examiner: Vu, Stephen A.
Title: **EXAMINATION AND TREATMENT CHAIR**
Atty Docket: MIDTF-306P2

Cincinnati, Ohio 45202

December 23, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. ☐ Small Entity status is claimed.
☒ Other than a Small Entity.
3. The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | LARGE ENTITY | |
|---|---|---------------------------------|----|----------|--------------|-----|--------------|-----|
| Claims Remaining After Amendment | | Highest No. Previously Paid For | | Extra | Present Rate | Fee | Present Rate | Fee |
| TOTAL | 7 | MINUS | 20 | = 0 | x \$9 | \$0 | x \$18 | \$0 |
| INDEP. | 1 | MINUS | 3 | = 0 | x \$42 | \$0 | x \$84 | \$0 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | + \$135 | \$0 | + \$270 | \$0 |
| TOTALS | | | | | TOTAL FEE | \$0 | TOTAL FEE | \$0 |

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

X No additional fee for claims is required.

4. Attached is a check in the sum of \$_____.

_____ Please charge my Deposit Account No. 23-3000 in the amount of \$_____.

A duplicate copy of this sheet is attached.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| Extension (months) | Fee for other than <u>small entity</u> | Fee for <u>small entity</u> |
|-----------------------|--|--------------------------------|
| ___ one month | \$ 110.00 | \$ 55.00 |
| ___ two months | \$ 410.00 | \$205.00 |
| ___ three months | \$ 930.00 | \$465.00 |
| ___ four months | \$1,450.00 | \$725.00 |

___ Attached is a check in the amount of \$___ for the three month extension fee as required by 37 C.F.R. § 1.17(c).

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

___ An extension for ___ months has already been secured and the fee paid thereof of \$___ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$___.


OR

(b) XX Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

XX If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.


David H. Brinkman

Reg. No. 40,532

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